

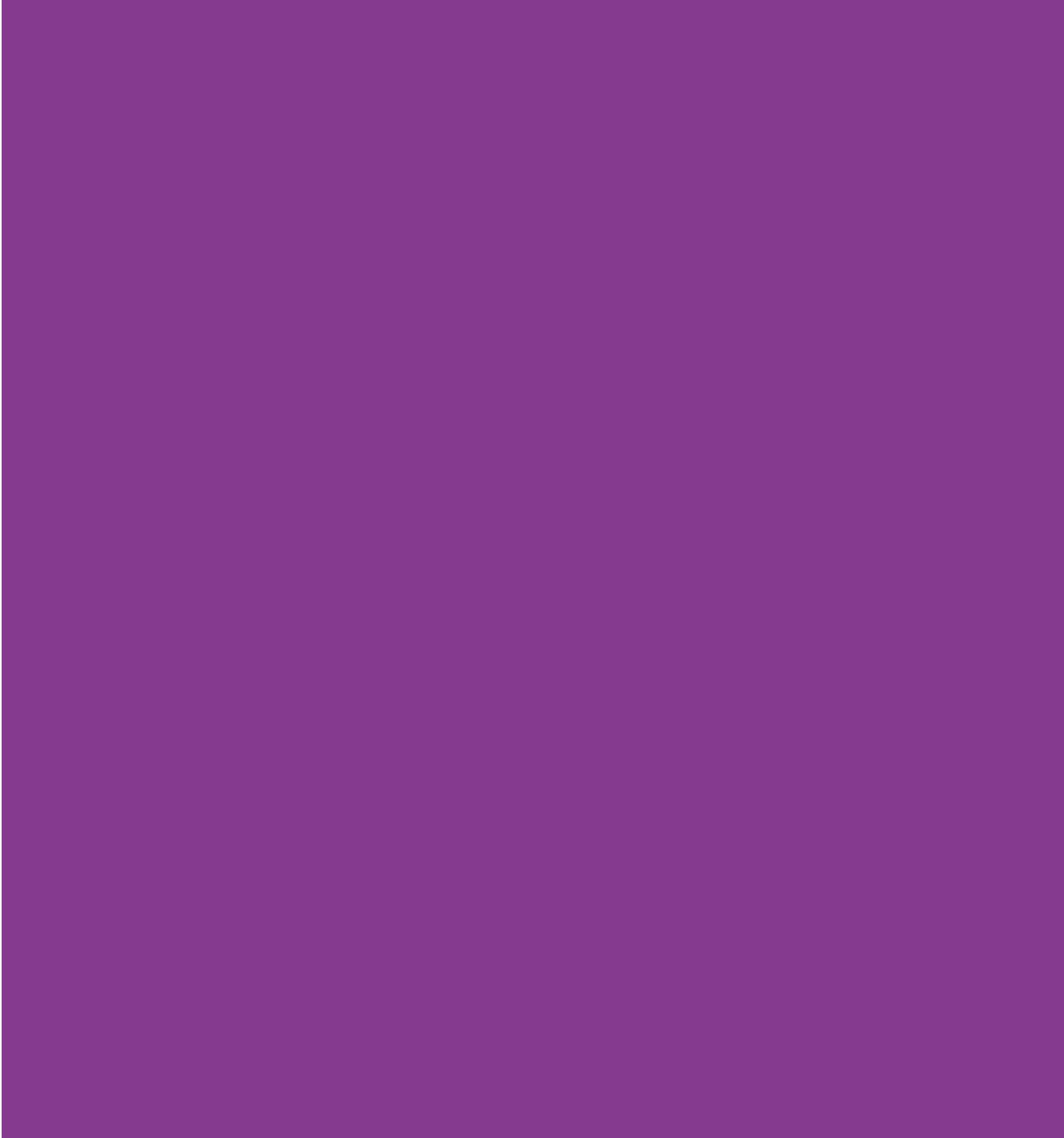
What's in a Name?
Examination of Light
and Intermittent Smokers

Helping to Set a Tobacco Control Research Agenda

August 11–12, 2005

American Legacy Foundation
Washington, DC







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A stylized graphic featuring a purple background. At the top, a white line-art skyline of a city is visible. Below the skyline, there are silhouettes of people in various poses, some appearing to be in conversation or working. The text of the participants' names and affiliations is overlaid on this background.

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EXECUTIVE SUMMARY

What defines a smoker? On national surveys, a smoker used to be defined as someone who smoked “every day.” In 1992, the Centers for Disease Control and Prevention changed the definition of a smoker on the National Health Interview Survey to include those who indicated that they smoke “some days.”¹ The meaning of “smoker” now encompasses a variety of smoking patterns, including the notion of “light” and “occasional” smoking.² However, research and public health efforts aimed at reducing light smoking have been obscured by the broad perception among researchers and the public that smoking a few cigarettes per day is “less harmful” than smoking many cigarettes per day.

Smoking at any level is harmful. Light and intermittent tobacco smokers (LITS) comprise a significant proportion of the smoking population, and several studies show that they are at increased risk for heart disease³⁻⁶ and cancer.^{7,8} The majority of African Americans and Hispanics who smoke often fall into the category of light smokers⁹, and the prevalence of intermittent smokers is increasing in both the United States^{10,11} and Finland.¹² To reduce smoking and create a smoke-free society, it is important that we create an open dialogue and begin to raise the appropriate research questions to address smoking behavior among light and intermittent smokers.

In August 2005, the National Cancer Institute and the American Legacy Foundation convened 29 scientists to:

- ★ Review the state of the science on light and intermittent smokers.
- ★ Summarize research progress.
- ★ Identify gaps, limitations, and challenges in research.
- ★ Develop and prioritize recommendations to advance research related to this growing subgroup of smokers.

Eight areas of research were examined during the one-and-a-half day meeting: (1) definitions of light and intermittent smoking; (2) initiation of tobacco use and transition to light and intermittent smoking; (3) sociodemographic and psychosocial characteristics; (4) morbidity and mortality

outcomes; (5) concurrent use of cigarettes and other tobacco products, potentially reduced-exposure products (PREPs), and nicotine replacement therapy (NRT); (6) tobacco dependence; (7) patterns of quitting tobacco use; and (8) demand for, availability of, and access to policy and programmatic interventions. More than 80 research recommendations were proposed at the meeting. Participants also suggested the use of several methods of scientific inquiry to address the recommendations, which included:

- ★ Conducting **focus groups** to determine appropriate questions for measuring LITS and for developing an understanding of smoking patterns.
- ★ Using **existing data sets** to examine the relationships between LITS and other variables for understanding smoking patterns, cigarette exposure, health outcomes, and the impact of policies.
- ★ Developing **longitudinal data** to identify patterns (i.e. stability/instability of smoking and quitting and processes of quitting and relapse).
- ★ Conducting **laboratory and clinical studies** to test measures of LITS, examine cognitions, validate dependence measures, and examine smoking cessation processes.
- ★ Developing **funding mechanisms** to support scientific research.

Specific high-priority research recommendations and action steps to accomplish the recommendations are highlighted in the following table.

High-Priority Research Recommendations

Research Topic	Priority Recommendations	Action Steps
Definitions of light and intermittent smoking	<ul style="list-style-type: none">★ Explore measures beyond quantity and frequency to determine appropriate measures for defining LITS.<ul style="list-style-type: none">• Among LITS, develop measures to assess tobacco use abstinence behaviors.	<ul style="list-style-type: none">★ Add assessments of dependence to surveys.★ Create a workgroup to:<ul style="list-style-type: none">• Review literature to determine what we know about differences among LITS.• Mine data sets and determine who has them.• Hold focus groups to develop appropriate questions for LITS.• Cognitively test questions and construct the survey instruments.
Initiation of tobacco use and transition to light and intermittent smoking	<ul style="list-style-type: none">★ Investigate shape and triggers of transitions and obtain more detailed trajectory information.★ Develop an understanding of the processes by which people transition, including trajectories and factors that impact transitions.★ Expand initiation and cessation time frames for studying transitions.	<ul style="list-style-type: none">★ Identify available longitudinal data sets to identify stable and unstable patterns of smoking.★ Plan a major longitudinal study with sufficient samples of traditionally small sample size populations (e.g., ethnic groups).★ Fund more micro or nested studies, especially within longitudinal studies.
Sociodemographic and psychosocial characteristics	<ul style="list-style-type: none">★ Study social norms that influence individual cognition about smoking and quitting in the larger psychosocial context.	<ul style="list-style-type: none">★ Create a workgroup to identify the best measures of social norms for different types of smokers.<ul style="list-style-type: none">• Convene sociologists, social psychologists, and epidemiologists to define social norms.• Identify existing data sets to look at the relationship between social norms and LITS.★ Examine the appropriateness of theories and models for LITS.

Research Topic	Priority Recommendations	Action Steps
Morbidity and mortality outcomes	<ul style="list-style-type: none">★ Analyze existing data sets or conduct studies to assess the influence of low-level cigarette exposure, distinguishing between non-daily use and low-level daily use:• Specifically examine significant acute onsets (e.g., respiratory infections); pregnancy outcomes; biomarkers of disease (e.g., inflammation, cholesterol); diseases with rapid trajectory of increased risk at low levels of exposure (e.g., coronary heart disease); and measures of well-being (e.g., depression, anxiety, achievement, work performance, quality of life).	<ul style="list-style-type: none">★ Develop Funding Opportunity Announcements or Request For Proposals.
Concurrent use of cigarettes and other tobacco products, potentially reduced-exposure products (PREPs), and nicotine replacement therapy (NRT)	<ul style="list-style-type: none">★ Conduct population level surveillance that includes measures of concurrent use of tobacco products, NRT, and PREPs.★ In clinical trial interventions, include studies that encourage sustained reduction among those who have failed to quit smoking as a possible means of promoting successful cessation on subsequent attempts.	<ul style="list-style-type: none">★ Develop plans for analyses of data.★ Assemble a working group and produce a paper.★ Develop a Request for Applications for secondary analysis.
Tobacco dependence	<ul style="list-style-type: none">★ Develop measures of actual smoking behavior and patterns.★ Examine motivations to smoke and quit among LITS.★ Develop and validate measures of dependence that are sensitive across the full range of dependence and are capable of assessing change.	<ul style="list-style-type: none">★ Conduct new laboratory and field studies relevant to motives for smoking and quitting among LITS smokers (e.g., perform assessments of cognitive processes specific to LITS).★ Conduct analyses of existing data sets (e.g., National Survey on Drug Use and Health).• Include several measures of dependence in prospective longitudinal studies.

Research Topic	Priority Recommendations	Action Steps
Patterns of quitting tobacco use	<ul style="list-style-type: none"> ★ Develop a basic understanding of light and intermittent behavior patterns to support a rational basis for treating LITS. ★ Study the natural history of cessation and relapse among LITS to capture detailed information on interest in cessation, quit attempts, methods used to quit, reasons for relapse, and patterns of relapse. 	<ul style="list-style-type: none"> ★ Make use of new and existing longitudinal and cross-sectional data to address priority recommendations. ★ Conduct qualitative focus groups. ★ Collect more basic laboratory data on smoking and cessation processes (e.g., craving, cues, aspects of pharmacotherapy, behavioral therapy). ★ Fund clinical trials. ★ Establish a subsample of the longitudinal study. ★ Examine a subsample of 2003 Tobacco Use Supplement to the Current Population Survey. ★ Convene a working group to determine what detailed survey questions should be asked and publish recommendations. ★ Encourage researchers to add detailed survey items about quitting experiences.
Demand for, availability of, and access to policy and programmatic interventions	<ul style="list-style-type: none"> ★ Understand the impact of policies on transitions into and out of LITS by analyzing more recent and complete data at the local levels. 	<ul style="list-style-type: none"> ★ Establish a working group to assess existing data sources and identify needs and gaps in data.

CONCLUSIONS

Changes to national survey items in the early 1990s were sparked by the need to answer the question: What defines a smoker? Before then, current smoking had been documented with little regard to recognizing the diversity in smoking. Today, we know that any level of smoking is harmful, and as a result, the interest and demand for understanding light and intermittent smoking is increasing. This summary recognizes the increasing interest in LITS and aims to stimulate new research that will ultimately help all smokers abstain from tobacco use.

The recommendations outlined in the summary challenge researchers to address an understudied research topic—light and intermittent smoking. There is a demand to understand the characteristics of LITS, including patterns of initiation, dependence, methods to quit, and health outcomes. Taking on the research challenges outlined in this Executive Summary will promote alternative models for examining the constructs of smoking and dependence. The recommendations in this summary frame the next generation of research on LITS and call on both experienced and new researchers to build intergenerational bridges of knowledge and innovation in tobacco control.

Researchers, practitioners, policymakers, and advocates are needed to help integrate the examination of light and intermittent smoking into the public health, health care, policy, prevention, and treatment agendas. Smoking rates have declined since 1965, but we still have more work to do to reach the Healthy People goal of 12 percent by the year 2010¹³ and much more progress to make to reduce smoking globally, since LITS may be common in poor and developing countries. As we move toward benchmarking our own progress, it is critical that we track light and intermittent smoking to determine if projected progress in reducing smoking is also observed among LITS. The tobacco control community can answer this and other research questions with openness as we engage in developing innovative research questions, support others in this journey, and consider the idea that learning more about LITS will help us learn more about all smokers.

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